

FILED MAY 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 17539

BIRTH NO. _____		REG. DIST. NO. 367		PRIMARY REG. DIST. NO. 4531		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Warrenton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 1090			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Frederick		c. (Last) Hillebrand	
4. DATE OF DEATH		(Month) May		(Day) 7		(Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1875	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months 2	11. UNDER 1 MRS. Hours 14	Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Hillebrand		13b. MOTHER'S MAIDEN NAME Christina Sheer		14. NAME OF HUSBAND OR WIFE Margaret Sheer Hillebrand			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Hillebrand, Warrenton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Carcinoma DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema, Cardio-vascular renal disease				INTERVAL BETWEEN ONSET AND DEATH 2 mo. ? Years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		151 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from 6-25, 1953 to 5-7, 1955 , that I last saw the deceased alive on 5-6, 1955 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE A. N. MacRae		(Degree or title) D.O.		23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 5-9-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-9-55		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Warrenton, Mo.	
DATE REC'D BY LOCAL REG. 5-11-55		REGISTRAR'S SIGNATURE Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John F. Lieburg*.....

Licensed Embalmer No. *38*

P. O. Address *Warrenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.